FORM PTO-1083 MAIL STOP: RCE

**COMMISSIONER FOR PATENTS** 

P.O. Box 1450

Alexandria, VA 22314-1450

JUL 2 1 2005
BURCH, et al.

Docket No.: <u>200.1079CON5</u> Date: July 19, 2005

In re application of:

Ronald M. BURCH, et al

Serial No.:

10/057,630

Filed: For: January 25, 2002

ANALGESIC COMBINATION OF OXYCODONE AND NIMESULIDE

Sir:

Transmitted herewith is a Request for Continued Examination (RCE) in the above-identified application.

- [ ] Small entity status under 37 C.F.R. 1.9 and 1.27 has been previously established.
- [ ] Applicants assert small entity status under 37 C.F.R. 1.9 and 1.27.
- [ ] No fee for additional claims is required.
- [X] A filing fee for additional claims calculated as shown below, is required:

FOR:	(Col. 1) REMAINING	(Col. 2) HIGHEST			_	IAI RA'I		ENT:	TY FEE	OR		RGE	EN'	TITY FEE	
	AFTER	PREVIOUSI	Y P	RESENT	$\Gamma$						· ·				
	AMENDMENT	PAID FOR	E	XTRA	Ĺ										
TOTAL CLAIMS	Minus	=		0	$  \mathbf{x}  $	\$	9	\$		•	$\mathbf{x}$	\$ 18	3   \$		
INDEP. CLAIMS	Minus	=		0	$  \mathbf{x}  $	\$	42	\$		-	$\perp x$	\$ 84	<u>    \$</u>		
[ ] FIRST PRES	SENTATION OF	MULTIPLE	DEP.	CLAIM	<u>                                     </u>	\$1	180	\$		•	+	\$360	)   \$:	360.	00
								4							

TOTAL: \$ <u>OR</u> TOTAL: \$360.00

- \* If the entry in Co. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
- [X] Also transmitted herewith are:
  - [X] Petition for three (3) month extension under 37 C.F.R. 1.136
  - [X] Other: Amendment
- [X] Check(s) in the amount of \$2170.00 is/are attached to cover:
  - [X] Filing fee for multiple dependent claim
  - [X] Petition for three (3) month extension under 37 C.F.R. 1.136
  - [X] Other: Request for Continued Examination (RCE)
- [X] The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-0552.
  - [X] Any filing fee under 37 C.F.R. 1.16 for the presentation of additional claims which are not paid by check submitted herewith.
  - [X] Any patent application processing fees under 37 C.F.R. 1.17.
  - Any petition fees for extension under 37 C.F.R. 1.136 which are not paid by check submitted herewith, and it is hereby requested that this be a petition for an automatic extension of time under 37 CFR

1.136.

Robert J. Paradiso Reg. No. 41,240 DAVIDSON, DAVIDSON & KAPPEL, LLC

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I hereby certify that this correspondence and/or documents referred to as attached therein and/or fee are being deposited with sufficient postage to the United States Postal Service as "first class mail" in an envelope addressed to "Commissioner for Patents, Alexandria, VA 22314-1450" on July 19, 2005. DAVIDSON, DAVIDSON & KAPPEL, LLC

BY: Note